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CONFIRMATION NO. 7331

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/933,309	<b>FILING OR 371(c) DATE</b> 08/20/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> FAH02 P-300A
<b>APPLICANTS</b> Gregory M. Fahy, Gaithersburg, MD;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/251,384 05/31/1994 PAT 6,297,212				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/20/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 000277				
<b>TITLE</b> METHOD FOR THE PREVENTION OF TRANSPLANT REJECTION				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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